

State of Delaware • Department of Elections

Voter Registration Cancellation Request - Close Relative

Your name (Requestor)	1	Last name		Suffix			
		First name		Middle name			
Cancellation reason	2	I am the Mother Father Sibling Spouse, or Child of the below named registrant. Please cancel his/her voter registration because:					
		He/she no longer lives in Delaware.					
		Other reasons.					
		Please specify reason:					
Registrant name	3	Last name		Suffix			
		First name		Middle name			
Identification	4	Voter ID (if known)					
		Birth date					
Contact information	5	Telephone					
		Email					
Delaware registration address	6	Street Address (not P.O. Box)			Apt. #		
		City/Town/Village					
		County	State	Zip Code			

Affirmation (REQUIRED): I hereby swear or affirm, under penalty of perjury, that:

- My signature and date herein indicate when I completed this document.
- The information on this form is true and complete to the best of my knowledge.
I understand that a material misstatement of fact in completion of this document
may constitute grounds for conviction of perjury.

Signature _____ Print this form, sign, and send in.

Today's date _____

Instructions

1. Make sure that the information on the form is correct and that all items are completed.
2. Save the form to your computer.
3. Print the form, then sign and date it.
4. Return the form by email, FAX or mail to the office in the County in which you are registered.

Kent County Office

email: votekc@state.de.us
FAX: (302) 739-4515
mail: Department of Elections
Kent County Office
PO Box 699
Dover DE 19903-0699

New Castle County Office

email: votencc@state.de.us
FAX: (302) 577-6545
mail: Department of Elections
New Castle County Office
PO Box 7079
Wilmington DE 19803-0079

Sussex County Office

email: votesc@state.de.us
FAX: (302) 856-5082
mail: Department of Elections
Sussex County Office
PO Box 457
Georgetown DE 19947-0457

FOR OFFICE USE ONLY

☐ In Person ☐ Mail ☐ Email ☐ FAX ☐ Other: _____

Received by: _____ Date: _____ Processed by: _____ Date: _____